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PTO/SB/21 (09-06)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

43 pages,
17 references,
and 1 diskette

Application Number

10/814,634

Filing Date

April 1, 2004

First Named Inventor

Tania KASTELIC

Art Unit

1636

Examiner Name

C. Qian

Attorney Docket Number

608352000100

ENCLOSURES (Check all that apply)☒ Fee Transmittal Form (original +
copy for fee processing (2 pages))☐ Fee Attached☒ Amendment/Reply (18 pages)☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request (1 page)☐ Express Abandonment Request☒ Information Disclosure Statement
(3 pages)☐ Certified Copy of Priority
Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication
to TC☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please
Identify below):

- Form PTO/SB/08a/b (original + copy (8 pages))
- 17 References
- Statement Under 37 CFR 1.825(a) and 1.825(b) (2 pages)
- Paper copy of Sequence Listing (8 pages)
- Diskette containing Sequence Listing (1 diskette)
- Return Receipt Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

MORRISON & FOERSTER LLP

(Customer No.: 25226)

Signature

Printed name

Jill A. Jacobson

Date

May 15, 2007

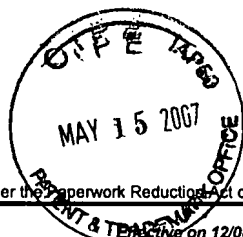
Reg. No.

40,030

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV53444713US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 15, 2007

Signature: Rosemarie Puljic-Salmeron (Rosemarie Puljic-Salmeron)



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| | | | |
|---|--|--------------------------|----------------|
| FEE TRANSMITTAL For FY 2007 | | Complete if Known | |
| | | Application Number | 10/814,634 |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Filing Date | April 1, 2004 |
| Effective on 12/08/2004. | | First Named Inventor | Tania KASTELIC |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Examiner Name | C. Qian |
| TOTAL AMOUNT OF PAYMENT (\$) | | Art Unit | 1636 |
| 690.00 | | Attorney Docket No. | 608352000100 |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | | |
|---|--------------------|------------------------------|---|------------------------------|-------------------------|------------------------------|--------------------------------------|--|
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0.00 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0.00 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0.00 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 | |
| 2. EXCESS CLAIM FEES | | | | | | | | |
| | | | | | | | Small Entity Fee (\$) | |
| Fee Description | | | | | | | Fee (\$) | |
| Each claim over 20 (including Reissues) | | | | | | | 50 | |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 | |
| Multiple dependent claims | | | | | | | 360 | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | Multiple Dependent Claims | |
| 22 - 22 = 0 x 25.00 = 0.00 | | | | | | | Fee (\$) Fee Paid (\$) | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | 180.00 0.00 | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | | |
| 4 - 4 = 0 x 100.00 = 0.00 | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| _____ - 100 = _____ | | _____ | _____ / 50 _____ (round up to a whole number) x | | 125.00 | = 0.00 | | |
| 4. OTHER FEE(S) | | | | | | | | |
| | | | | | | | Fees Paid (\$) | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month | | | | | | | 510.00 | |
| 1806 Submission of an Information Disclosure Statement | | | | | | | 180.00 | |

| | | | |
|---------------------|-------------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | <i>Jill A. Jacobson</i> | Registration No. (Attorney/Agent) | 40,030 |
| Name (Print/Type) | Jill A. Jacobson | Telephone | (650) 813-5876 |
| | | Date | May 15, 2007 |